SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL.

LONDON, SATURDAY, JUNE 28TH, 1930.

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Meetings of Branches and Divisions.

METROPOLITAN COUNTIES BRANCH.

ANNUAL GENERAL MEETING.

Mr. Howard Stratford's Presidential Address on "A Wider Outlook."

The seventy-eighth annual general meeting of the Metropolitan Counties Branch was held at the Association's House, Tavistock Square, on June 20th. Dr. H. S. Beadles, the retiring president, occupied the chair during the first part of the proceedings, and a very large number of members attended.

The following officers were elected for 1930–31:

President, Mr. Howard M. Stratford. *President-Elect*, Dr. F. W. Goodbody. *Past-President*, Dr. Harold S. Beadles. *Vice-Presidents*, Drs. M. G. Biggs, G. W. Kendall, and T. H. G. Shore, and Sir William Willcox, K.C.I.E., C.B. *Honorary Treasurer*, Dr. William Griffith. *Honorary Secretaries*, Dr. Charles F. T. Scott and Dr. Percy B. Spurgin.

On the reception of the annual report of the representatives of the Branch on the Central Council, a hearty vote of thanks was accorded to the representatives on the motion of Dr. C. O. Hawthorne, seconded by Dr. D. Roxburgh. Cordial votes of thanks were also accorded to Dr. Beadles for his occupancy of the presidential office, and to Dr. Masterman, on his retirement from the honorary secretaryship.

Mr. Howard M. Stratford, F.R.C.S.Ed., was then inducted into the presidential chair, and read his address. At the close a vote of thanks was accorded to him by acclamation on the motion of Dr. M. G. Biggs, seconded by Dr. F. W. Goodbody.

Presidential Address.

Mr. Howard Stratford began by remarking that medicine in this country was passing through a critical period. Old landmarks were vanishing, and new methods of conducting medical practice were being evolved. It was often said that the day of the family doctor was passing, and that his place would be taken by one who, having diagnosed the case more or less thoroughly, would send the patient with a report to hospital or clinic for treatment. Perhaps the general practitioner had himself been too ready, having made his diagnosis, to send his patient to a hospital or specialist when he might have undertaken the treatment himself. With better medical education, better textbooks, increasing post-graduate facilities, there was less excuse for this than formerly. It was quite possible for a general practitioner to have, and he often had, a special knowledge in one particular line of practice.

The British Medical Association policy, that all clinical work done for the public health authority should, whenever possible, be carried out by the general practitioner, was undoubtedly in the best interests of the public and of the medical profession. Unless the general practitioner was given opportunity to enlarge his sphere of usefulness and bring to his work the help naturally to be found in an up-to-date institution, general practice would die of inanition.

The object of the general practitioner should be to become a practical man, himself doing everything that was possible for his patient if he had the requisite knowledge and experience. When a case came along requiring some special examination it was fatally easy to send the case to a hospital or specialist, thereby losing valuable experience. Further, the public got the idea that the general practitioner was useful only within certain narrow limits. Yet a definitely large proportion of the practical work of the out-patient department or clinic, if not all of it, could be done by the general practitioner. In passing, Mr. Stratford had a "fling" at that unfortunate phrase "ordinary general practitioner," which occurred in the Insurance Act. No good work, he said, was ever done by calling anyone "ordinary"; it gave them the inferiority complex at once. Who ever heard of an "ordinary" surgeon or physician? They were all distinguished!

He then passed in review a few of the special branches of medicine which had largely been taken out of the hands of the general practitioner—work which the practitioner should himself do if he was to retain his position, and which would add largely to the interest of his daily round, and raise him in public estimation. First there was midwifery, which was the general practitioner's specialty. With the starting of clinics by the public health authorities, the public got an idea that something special was being done for the pregnant woman which the general practitioner could not do. Mr. Stratford thought it an unsatisfactory method for midwives to attend normal cases and the doctor to be called in for difficult ones. Unless the doctor regularly saw normal cases, how was he to be confident in recognizing the abnormal? There was everything in favour of the general practitioner being in charge of, and responsible for, every case of confinement in the country.

The child welfare clinics were another cause of serious loss of income and prestige to the general practitioner. Nothing was done in them, he thought, which could not equally well be done in the doctor's own consulting room. The proper person to look after the family was the mother, with the advice, if required, of the family doctor. "Some people to-day, with time, money, and misplaced energy, but often with little or no knowledge of children, let alone babies, rush in to reconstruct the home, not realizing the harm they may do by interfering with natural instincts, ending, possibly, in the breaking up of the home, which is often shaky enough already."

Child guidance clinics were on the increase, and the public and some specialists talked glibly about the difficult or the nervous child, or the potential criminal, whereas one would like to know first what was the normal child. The emotional or restless youngster seemed liable to be taken in hand as if he had some mental disorder, when probably the truth was that he had some minor physical disability which the general practitioner was quite capable of rectifying. The general practitioner was the best judge of the normal and abnormal child, but he would do well to have a sound knowledge of psychotherapy, which would widen his outlook enormously.

In ear and throat work a large field was open to the general

practitioner if he liked to come in. A comparatively small number of instruments were required, and the simpler the better. The illumination of the nose, ear, and throat had been wonderfully improved during the last few years, cavities which were once dimly seen were now brightly lit up, making examination and operation much more easy. Actinotherapy, again, was most certainly a general practitioner's work. It was unfortunate that this form of treatment had got so largely into the hands of lay people. All general practitioners should consider installing lamps in their consulting rooms, preferably going to firms which did not advertise direct to the public.

The only remedy that the speaker could see for the encroachments of the clinics was for the general practitioner to put aside one or two afternoons a week, to look upon them as his clinic or out-patient time, and inform his patients that he was at home at those hours to see children, to examine eyes, or throat and ear cases, and practise actinotherapy, or whatever the line in which he was specially interested. Patients would then come to him, paying small fees, rather than go perhaps some distance to the hospital or clinic, where they had to wait for some time before being seen.

Turning to psychotherapy, after a reference to the able report of the Psycho-Analysis Committee of the Association, and an interesting dissertation on the subject of fear as a primary emotion, Mr. Stratford said that fear was undoubtedly a great cause of mental and even physical ill health. A knowledge of the various phobias would be invaluable to all medical men. The value of suggestion was greater than was sometimes supposed, but the methods used needed to be the right ones. Suggestibility was increased in illness, in fatigue, and in periods of mental tension, which were the very times when the doctor saw his patient. Many more people than was generally realized suffered from neuroses, obsessions, and neurasthenia, and suggestion formed an important element in cure. Osler once remarked that most of his treatment was by optimism and nux vomica. There was far too much talking and thinking about ill health to-day. It had been stated that illness had increased among the insured population from 60 to 100 per cent. since 1926. This was probably due, not to an increase of real sickness, but to minor aches and pains, which the individual would be better—mentally, morally, and physically—for ignoring. Mr. Stratford paraphrased Goldsmith, as follows:

> "Ill fares the State, to hast'ning ills a prey,
> When ailments multiply, and men decay."

Illness was a warfare between unseen combatants, but real ones none the less, and the more hope and confidence the practitioner could give his patients the better chance they would have. Perhaps it might be a good thing for a man to get rid of submerged complexes by confession to a physician.

Finally, speaking of social service, the general practitioner's contribution to which was beyond computation, Mr. Stratford referred to the general practitioner delineated in Mr. A. S. M. Hutchinson's popular novel, *If Winter Comes*—the practitioner who possessed the mysterious and astounding faculty of absorbing, resolving, and subjugating all matters without visibly attending to any matter. "Leave everything to me" was all he seemed to say.

"When that day comes," said Mr. Stratford, "as come it must to all of us, when our general practitioner, his last prescription written, his last certificate signed, and the door having closed on his last patient, sits back in an old man's chair, while dusk falls and shadows lengthen, and reviews his past aspirations and achievements, it may be, for all our talk this afternoon of specialties and special knowledge, that that which will please him most, will appear to him most worth while, most enduring, will be those many little acts of kindness, unrecorded and unreported, dictated by no question of payment, and in response to no hope of reward, which come under that heading known as 'social service,' and which might well take as its motto, 'Leave it to me.'"

ASSAM BRANCH.

THE annual general meeting of the Assam Branch was held in the Jorhat Club, Assam, on January 30th and 31st, when Dr. D. P. WILLIAMS, president, was in the chair.

After the delivery of the presidential address on the first day a series of papers was read, including one by Lieut.-Colonel SHORTT on recent researches on the transmission of kala-azar, and four by Lieut.-Colonel MORISON, the first on cholera in a Khasi village and its treatment with bacteriophage, the second on recent advances in the study of bacteriophage, the third on dysentery in Sylhet Jail, and the fourth on water sterilization. Dr. WENEFRIDE THOMPSON contributed a paper on pregnancy anaemia, and Lieut.-Colonel PALMER one on cholera and the agglutinations of cholera convalescent serums. Many questions were asked, and interesting discussions followed the reading of the papers.

On the morning of the second day the members, by courtesy of the manager, Mr. J. Fraser, witnessed a working demonstration of the Jewell filter and chlorinating plant at the water supply station of the Hunwal Tea Company, Ltd. In the afternoon a business meeting was held, and many questions of vital importance were dealt with. Dr. G. C. RAMSAY subsequently gave an interesting paper on malaria control in Assam, which was lucidly illustrated by blackboard diagrams. Dr. Ramsay answered many questions addressed to him. In the evening members were privileged to listen to a most interesting paper by Lieut.-Colonel ACTON, I.M.S., a guest of the meeting, on some recent advances in the work of the School of Tropical Medicine, Calcutta. Lieut.-Colonel Acton also gave a cinematographic display of films illustrating the life-history of the malarial parasite in man and in the mosquito, and of the preparation of antivenene.

On the evening of January 31st a dinner was held in the Jorhat Club, at which the president-elect (Dr. F. C. MCCOMBIE) took the chair. Lieut.-Colonel Acton and Mrs. Acton were the principal guests, among whom some twenty people came from the surrounding district.

BATH AND BRISTOL BRANCH: BRISTOL DIVISION.

A GENERAL meeting of the Bristol Division was held on May 9th, when the following resolution was carried:

> That in the opinion of the Representative Body the time has now come for the Council to take to itself power to deal with ethical cases which may not have been referred to it by Branches or Divisions.

A series of meetings are being held to discuss the Hospital Policy and the General Medical Service Scheme. At a meeting on May 9th the recommendation of para. 127 was agreed to, but it was considered that the income limit should be restricted to £250 per annum.

The following resolution was carried at a meeting on May 16th:

> That the medical profession is in favour of helping the health of the nation, and any scheme brought forward should be in the hands of the medical profession at large.

BIRMINGHAM BRANCH: WARWICK AND LEAMINGTON DIVISION.

A MEETING of the Warwick and Leamington Division was held on May 16th; eleven members were present. The proposals regarding Hospital Policy and a General Medical Service for the Nation were discussed. The meeting approved the proposals in principle, subject to the provisos (1) that the suggested extension of the National Health Insurance Acts should be on terms satisfactory to the profession, and (2) that the remuneration paid to practitioners for attendance upon the pauper class under the proposed extended insurance service should not be less than that paid upon insured persons.

Dr. Pirie was appointed representative in the Representative Body, and Dr. R. J. Cyriax deputy representative.

GLASGOW AND WEST OF SCOTLAND BRANCH.

THE annual meeting of the Glasgow and West of Scotland Branch was held on May 14th, when the following officers were appointed:

President, Dr. William J. Richard. *President-Elect*, Dr. J. McQueen. *Vice-Presidents*, Dr. R. M. Buchanan, Dr. G. M. Crawford. *Honorary Secretary*, Dr. John Henderson. *Honorary Treasurer*, Dr. A. Stanley Richmond. *Auditors*, Dr. James Forrester and Dr. Peter Maguire.

The annual report was approved. The Branch Council had held eight meetings, with an average attendance of thirteen. Two well-attended clinical meetings had taken place, and the staffs of the hospitals provided excellent demonstrations. One special evening British Medical Association Lecture was given last October by Dame A. Louise McIlroy on causes of maternal mortality, when over 100 members were present. Reference is made to the amalgamation of the four city Divisions into one large Division, to be called the Glasgow Division, the inaugural meeting of which took place on September 10th, 1929. Two social functions had also been held in the University Union, when the new graduands in medicine had been invited. During the year 144 new members of the Association were elected through the Branch.

A very successful clinical meeting was subsequently held in the Royal Hospital for Sick Children at Yorkhill, Glasgow, when about 100 members attended. Many interesting cases were demonstrated, including medical cases by Dr. G. B. FLEMING and assistant; surgical cases by Mr. ALEX. MCLENNAN, Mr. MATTHEW WHITE, and assistants; pathological specimens by Dr. JOHN W. S. BLACKLOCK; and radiological films by Dr. D. CAMPBELL SUTTIE.

NORTH WALES BRANCH: NORTH CARNARVON AND ANGLESEY DIVISION.

THE annual meeting of the North Carnarvon and Anglesey Division was held in the Carnarvonshire and Anglesey Infirmary, Bangor, on May 9th, when Dr. J. H. E. Davis was elected chairman and Dr. Leslie Jones vice-chairman. Dr. Leeming, the retiring chairman, will replace Dr. Leslie Jones on the Executive Committee.

SUFFOLK BRANCH: WEST SUFFOLK DIVISION.

A DINNER was held by the West Suffolk Division at the Angel Hotel, Bury St. Edmunds, on May 3rd, when twenty members and guests attended. After the dinner Mr. W. H. BOWEN (Cambridge) read a most interesting paper on notes on a visit to the Crile and Mayo Clinics, which was very much appreciated by all present.

Sir THOMAS HORDER held a "spring clinic" at the West Suffolk General Hospital, Bury St. Edmunds, on May 4th, at 11 a.m., when nineteen members and guests attended.

The annual golf competition of the West Suffolk Division took place at Worlington on May 8th. The cup was won by Dr. F. R. Barwell, all square with bogey. Colonel Waring was runner-up, two down to bogey.

SURREY BRANCH: CROYDON DIVISION.

THE annual meeting of the Croydon Division was held at the Croydon General Hospital on May 7th.

The following officers were elected:

Chairman, Dr. G. Duke Turner. *Vice-Chairman*, Dr. A. Rose. *Honorary Secretary and Treasurer*, Dr. C. G. C. Scudamore. *Assistant Honorary Secretary*, Dr. P. W. Hamond. *Auditor*, Dr. G. G. Genge. *Representatives in Representative Body*, Dr. P. W. Hamond and Dr. C. G. C. Scudamore. *Deputy Representatives in Representative Body*, Dr. G. E. E. Brayne-Nicholls and Mr. E. M. Cowell. *Charities Secretary*, Mr. C. T. Neve.

Dr. STANLEY WHITE lectured on some recent aspects of gland therapy, with special reference to the ovarian hormones, illustrated by lantern slides. At its conclusion a very hearty vote of thanks was accorded to Dr. White for a very instructive and interesting address. Tea was provided by the retiring chairman, Dr. A. Rose.

SUSSEX BRANCH: EASTBOURNE DIVISION.

AT the annual meeting of the Eastbourne Division the following officers were elected for the ensuing year:

Chairman, Mr. R. C. MacQueen. *Vice-Chairman*, Dr. A. E. Rook. *Honorary Secretary and Treasurer*, Dr. J. B. Adams. *Representative in Representative Body*, Dr. J. B. Adams. *Deputy Representative in Representative Body*, Dr. T. Turner.

The proposal made by the Head Office for the amendment of the boundary of the Division was unanimously adopted.

Association Notices.

BRANCH AND DIVISION MEETINGS TO BE HELD.

DORSET AND WEST HANTS BRANCH.—The summer meeting of the Dorset and West Hants Branch will be held at the Town Hall, Yeovil, on Wednesday, July 2nd, at 3 p.m., when Dr. Girling will take the chair. Agenda: Communications; time and place of next meeting; Papers:—Dr. Pridham: The problem of the neurotic; Dr. Marsh: Looking back. The Yeovil members invite visiting members to lunch at Maynard's Restaurant at 1.30 p.m. By the courtesy of Dr. Marsh, Dr. Pridham is enabled to invite members to tea at his house. Members intending to be present at lunch or tea should notify one of the honorary secretaries (Dr. Anthony McCall, 35, Christchurch Road, Bournemouth, or Dr. C. Grey-Edwards, Penrallt, King's Avenue, Parkstone) before June 30th.

KENT BRANCH.—The seventeenth annual meeting of the Kent Branch will be held on Wednesday, July 2nd, at the Wellcome Physiological Research Laboratories, Langley Court, Beckenham (by kind permission of the director). The president-elect, Dr. G. R. F. Stilwell, invites members and their friends to luncheon at 1 p.m. at Langley Court. Members intending to be present are requested to notify Dr. Stilwell, 14, Southend Road, Beckenham. 2.15 p.m., President's address on the work and influence of the Panel Committee in Kent. Immediately following the address Dr. R. A. O'Brien will describe briefly the exhibitions on view in the laboratories, followed by a tour of the laboratories, after which tea will be served in the grounds. From 4 to 6 p.m. the chairman and members of the Bromley Division invite all members and friends to tea. Alternative arrangements can also be made for members to visit (*a*) Chislehurst Caves, (*b*) Beckenham Hospital, (*c*) Beckenham Maternity Hospital, and (*d*) Mapleton Model Farm Dairy, near Westerham. Those who wish to attend any of these should communicate with the honorary secretary, Dr. H. Chisholm Will, 1, High Street, Bromley, who will make all arrangements.

LANCASHIRE AND CHESHIRE BRANCH: MID-CHESHIRE DIVISION.—A meeting of the Mid-Cheshire Division will be held in the Board Room of the Altrincham General Hospital on Wednesday, July 2nd, at 8.15 p.m. Agenda: Instruct representative; invitation to annual meeting from the Branch Council; consider problem of national health insurance extension.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—A meeting of the City Division will be held at the Metropolitan Hospital, Kingsland Road, E., on Tuesday, July 1st, at 9.30 p.m. Dr. H. C. Lucey will discuss pathological specimens.

METROPOLITAN COUNTIES BRANCH: HAMPSTEAD DIVISION.—A meeting of the Hampstead Division will be held at the Hampstead General Hospital on Thursday, July 10th, at 8.30 p.m., to discuss the Supplementary Report of Council and to instruct the representatives.

METROPOLITAN COUNTIES BRANCH: ST. PANCRAS DIVISION.—A meeting of the St. Pancras Division will be held at the British Medical Association House, Tavistock Square, on Tuesday, July 8th, at 9 p.m. Mr. A. E. Webb-Johnson will read a paper.

MIDLAND BRANCH: BUXTON DIVISION.—A clinical meeting of the Buxton Division will be held at the Devonshire Hospital on Thursday, July 3rd, at 8.15 p.m.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.—The annual meeting of the North Lancashire and South Westmorland Branch will be held on Wednesday, July 9th, at 3.15 p.m., at the Ethel Hedley Hospital, Calgarth, Windermere, by kind permission of Dr. Hough and the governors of the hospital. Dr. C. M. Craig, president for the year, will read a paper on puerperal sepsis. Tea will be provided. Ladies are invited. Dr. Craig is making arrangements for a trip on the lake or some other form of outing.

NORTH WALES BRANCH.—The summer meeting of the North Wales Branch will be held at the Anglesey Arms Hotel, Menai Bridge, on Friday, July 11th. Members wishing to read short papers or to show cases are asked to communicate immediately with the Branch secretary, Dr. E. Lewys-Lloyd, Rhianfa, Towyn, Merioneth.

OXFORD AND READING BRANCH: OXFORD DIVISION.—A meeting of the Oxford Division will be held at the Radcliffe Infirmary, Oxford, on Wednesday, July 2nd, at 2.30 p.m. Mr. G. R. Girdlestone will open a discussion on the treatment of common injuries.

SOUTHERN BRANCH.—The annual meeting of the Southern Branch will be held on Saturday, July 5th, at Osborne House, East Cowes, Isle of Wight, by kind invitation of the president, Major-General Sir S. Guise Moores. Programme: 1.30 p.m., luncheon; 3 p.m., lecture on radium and cancer, illustrated by lantern slides, by Mr. E. Rock Carling, surgeon, Westminster Hospital.

SOUTHERN BRANCH: SOUTHAMPTON DIVISION.—A general meeting of the Southampton Division will be held at the Royal South Hants and Southampton Hospital on Wednesday, July 2nd, at 8.45 p.m. Agenda: To consider the Supplementary Report of Council and to instruct the representative.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SOUTH-WEST WALES DIVISION.—The annual meeting of the South-West Wales Division will be held at the Ivy Bush Hotel, Carmarthen, on Wednesday, July 3rd, at 3 p.m. Business: Elect officers and representatives on various committees; instruct representatives. The retiring chairman, Dr. Abraham Thomas, will deliver an address entitled "Cases and incidents in my early professional career."

SURREY BRANCH.—The seventeenth annual meeting of the Surrey Branch will be held on Wednesday, July 9th, at 2 p.m., in the Municipal Buildings, Reigate. After the ordinary business of an annual meeting the president-elect, Dr. C. H. James, C.I.E., will be presented with a president's badge by Dr. R. H. Cran, a former president of the Branch, and after induction to the chair will deliver his presidential address. The members of the Reigate Division invite members to luncheon at the White Hart Hotel, Reigate, at 1 p.m. At the conclusion of the annual meeting a visit will be paid to the printing works at Kingswood of Messrs. William Heinemann, Ltd., who will entertain the members at tea after the inspection of the works. The annual dinner of the Branch (tickets 7s. 6d. each, exclusive of wines) will be held at the White Hart Hotel, Reigate, at 6.30 for 6.45 p.m., when the principal guest will be Alderman Herbert Powell, chairman of the Public Assistance Committee of the Surrey County Council, who will speak on the Local Government Act, 1929, and how it will affect Poor Law institutions, voluntary hospitals, and medical practitioners. As a retired medical practitioner with many years' experience of public work on the Surrey County Council, Mr. Powell's speech should be of great interest to the members, and it is hoped, therefore, that they will make every effort to attend the dinner.

WEST SOMERSET BRANCH.—The annual general meeting of the West Somerset Branch will be held at Deller's Café, Taunton, on Friday, July 11th, at 2.15 p.m., preceded by luncheon at 1.15 punctual. After his induction as president Dr. W. G. Parker will read a paper on small-pox, with special reference to his experience in an epidemic at Birmingham. After the meeting the president would be glad to entertain anyone who would like to play golf on the links at Pickeridge.

YORKSHIRE BRANCH: SHEFFIELD DIVISION.—The Executive Committee of the Sheffield Division have decided to welcome the successful students at the Final M.B. Examination, including those who have qualified since June, 1929, at a luncheon, to be held at the Royal Victoria Hotel, Sheffield, on Thursday, July 3rd, at 1.15 p.m. The luncheon is open to all members of the Sheffield Division (tickets 6s. each, without wines).

TABLE OF DATES.

July 2, Wed.	Amendments and riders for inclusion in A.R.M. agenda must be received at Head Office by this date.
July 18, Fri.	*Annual Representative Meeting*, B.M.A. House, London.
July 19, Sat.	*Annual Representative Meeting*, London.
July 21, Mon.	*Council.*
	Annual Representative Meeting, London.
July 22, Tues.	*Annual Representative Meeting*, London. Annual General Meeting (business part of), London.
	Council.
Aug. 26, Tues.	Annual Meeting, Winnipeg, Canada.
Aug. 27, Wed.	Annual Meeting, Winnipeg, Canada.
Aug. 28, Thurs.	Annual Meeting, Winnipeg, Canada.
Aug. 29, Fri.	Annual Meeting, Winnipeg, Canada.

ALFRED COX, *Medical Secretary.*

NOTICES OF MOTION BY DIVISIONS FOR THE ANNUAL REPRESENTATIVE MEETING, LONDON, 1930.

Fees Payable by Local Authorities to Medical Practitioners called in upon the Advice of Midwives.

By CHESTERFIELD: That (with reference to the recommendation contained in para. 88 of the Annual Report of Council) the fee payable under Section 3 should be £3 3s., except in the case of suture of the perineum, which may remain at £1 1s.

Ophthalmic Benefit.

By SUNDERLAND: That (with reference to paras. 128–129 of the Annual Report of Council) the Representative Body disapproves the action of the Council in voting the sum of £1,000 to a commercial optical company.

Association's Hospital Policy.

By SUNDERLAND: That (with reference to the recommendation contained in para. 134 of the Annual Report of Council), whether in the private rooms or wards of hospitals which have both public and private wards in the same building, or in the special accommodation for private patients of a separate home or hospital provided exclusively for such patients, such home or hospital being an annexe of, or associated with, a voluntary hospital having public wards, every private paying patient shall have "free choice" of practitioner as his attendant, and of consultant and/or specialist, and that anything to the contrary in the proposed revised Hospital Policy shall be deleted.

By BRISTOL: That (with reference to the recommendation contained in para. 134 of the Annual Report of Council) the Representative Body objects to the proposed increase in the maximum limit of income for hospital contributory schemes (see Appendix A to revised Hospital Policy of the Association), and recommends that the current maximum scale be retained, namely:

CLASS I.—*Limit of Income £200 or £4 a week.*
(*a*) Single persons over 16 years of age.
(*b*) Widow or widower without children under 16 years of age.

CLASS II.—*Limit of income £250, or £5 a week.*
(*a*) Married couples without children under 16 years of age.
(*b*) Persons with one dependant under 16 years of age.

CLASS III.—*Limit of Income £300 or £6 a week.*
(*a*) Married couples with a child or children under 16 years of age.
(*b*) Persons with more than one dependant under 16 years of age.

By CLEVELAND: That (with reference to the recommendation contained in para. 134 of the Annual Report of Council) para. 39 of the revised Hospital Policy of the Association be amended by the deletion of the words "wherever possible" in the first line.

By CLEVELAND: That (with reference to the recommendation contained in para. 134 of the Annual Report of Council) the following words be added to para. 5 of Appendix H to the revised Hospital Policy of the Association:

"provided always that all costs incurred by the hospital be covered."

By CLEVELAND: That (with reference to the recommendation contained in para. 134 of the Annual Report of Council) the last sentence of para. 6 of Appendix H to the revised Hospital Policy of the Association be amended to read as follows:

"Where such arrangements must be made with a hospital the fees payable for the services shall be such as to cover the costs of the hospital and the fee of the visiting radiologist."

General Medical Services Scheme.

By HOLLAND: That (with reference to the recommendation contained in para. 154 of the Annual Report of Council) the head of the local medical arrangements under the Association's Proposals for a General Medical Service for the Nation should be a medical practitioner who has had a considerable number of years' experience of private medical practice.

By BRISTOL: That (with reference to the recommendation contained in para. 154 of the Annual Report of Council) any extension of medical service on the lines of the National Health Insurance Acts would be detrimental to the best interests of that service and of the medical profession generally, and that any such scheme should, before adoption, be submitted to every individual member of the profession by means of a referendum.

Publication of Policy of the Association.

By SUNDERLAND: That reports affecting the policy of the Association shall not be made public until after they have been considered by the Representative Body.

Annual Representative Meeting.

By SUNDERLAND: That in future the Annual Representative Meeting shall end not later than the Saturday of the week in which it begins.

Branch Councils and Motions for Annual Representative Meeting.

By SUNDERLAND: That Branch Councils shall have power to propose resolutions and amendments for the Annual Representative Meeting, and that the Council be instructed to make any necessary alterations to the By-laws to this end.

British Medical Association.

CURRENT NOTES.

British Medical Association Charities Fund.

THE following is a list of individual donations and subscriptions to the British Medical Association Charities Fund from December 1st, 1929, to May 30th, 1930, totalling £1,571 10s. 7d., forwarded for use at the discretion of the trustees of the Fund (the members of the Council of the Association for the time being in office). This list does not include those contributions received from local Divisions in respect of social functions, etc., which have been acknowledged previously in the *Supplement*, nor does it include special contributions amounting to £72 2s. 6d. received from members of the Manchester Division, which were acknowledged in the issue of the *Supplement* of March 8th last.

£25.—West Sussex Panel Committee.
£16 15s. 11d.—Oxfordshire Local Medical and Panel Committee.
£10 10s.—W. Gilchrist.
£10 each.—Caithness Panel Committee and Lanarkshire Medical Practitioners' Union.
£8 8s.—Claude Wilson.
£5 5s. each.—P. C. Colls, J. McDonald, J. C. Matthews, H. M. Halliday, R. G. McGowan, A. H. Burgess, W. H. Help, Smethwick Medical Society, and Gray, Hendley, and Partners.
£5 each.—F. Husband-Clutton, J. R. Humphrey Owen, H. Fairbairn, F. S. Kennewell, G. S. Lund, and E. L. Hopewell-Ash.
£4 4s. each.—B. E. A. Batt, C. O. Hawthorne, A. J. Caird, and E. K. Le Fleming and Partners.
£4.—W. H. Lowman.
£3 9s. 7d.—A. C. S. Waters and W. A. Murphy.
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Miscellaneous contributions of less than 10s. each have also been received, amounting to £18 7s. 5d.

National Insurance.

WARWICKSHIRE PANEL AND LOCAL MEDICAL COMMITTEE.

THE Warwickshire Panel and Local Medical Committee met at Coventry on June 12th, Dr. HERBERT MALINS occupying the chair.

Arising out of the consideration of difficulties experienced by semi-urban doctors in distinguishing between dispensing and prescribing patients, a suggestion was made and referred to the Insurance Committee that a coloured bar be stamped across the medical cards and record cards of dispensing patients in order to identify them at a glance.

The annual report and balance sheet was adopted, with an expression of the committee's appreciation of its contents. Dr. MALINS pointed out that an opportunity had been taken of using the report as a vehicle for the recent urgent memorandum received from the Medical Secretary on the subject of the need for more effective record keeping in order to prevent misleading statistics being extracted by the regional medical officers.

Considerable discussion ranged round the draft Medical Benefit Amendment Regulations, 1930, under Article 3 of which the Minister proposed to take power to combine one or more county Panel Committees. The principal Regulations including county boroughs under the expression "counties," views were strongly expressed that the Panel Committee was not prepared to contemplate being merged for such purposes with urban representative units. While this proposal was probably introduced to meet some specific difficulty, the committee expressed the opinion that a most undesirable precedent, tending to militate against the established position of Panel Committees, was thus introduced, which might be extended in directions not at present contemplated.

Provision was made for a voluntary levy for next year's administrative expenditure, and the recent report of the trustees of the National Insurance Defence Trust was reviewed. The British Medical Association Council's draft Proposals for a General Medical Service for the Nation were then reviewed and consideration of them was adjourned, the Panel Committee's preliminary comments thereon having previously been adopted with unanimity.

Correspondence.

HOSPITALS AND THE GENERAL PRACTITIONER.

SIR,—I notice that Dr. Preston King, in the *Journal* of June 14th (p. 1112), raises the important matter of paying wards in hospitals and the local profession. His interpretation of the Association's policy is correct—that is, the general practitioner would not be really free to treat his own patient, nor would the patient be free to remain in the hands of his own doctor. The problem is complicated unnecessarily.

Presumably the staff is composed entirely of consultants. These men may think the private wards a means of bringing some compensation for the voluntary and gratuitous services rendered in the public wards. Would it not be found in practice that nearly all general practitioners using the private wards would thus employ the consulting staff without being compelled to do so?

It will be said that some unscrupulous general practitioners might carry out treatment which would give the hospital a bad name. This, of course, would be the argument used to convince the board of management against allowing private doctors a free hand. But such a thing would hardly be the rule, for the general practitioner has even more interest in his local reputation than the consultant.

There are in almost every area general practitioners who know their work thoroughly, are specially qualified to carry out a great deal of special work, and only require the facilities of a hospital for this purpose. It is a common experience, when a patient is sent to a consultant, for the doctor to be given a vague report and alternative diagnosis, with a promise to admit the patient to hospital for observation. This is precisely what the patient's own doctor could do himself had he access to a proper hospital.

This leads me to refer to the recommendation of Dr. Fothergill in a recent Council meeting, pressing the claims of general practitioners in the new Hospital Policy, quite apart from private wards. It is an utterly wrong system which excludes capable local men from the work of voluntary general hospitals. It is wrong from the point of view of the local practitioner, the hospital, and the consultant, not to speak of the patient. Association with the work of a hospital increases the doctor's interest in his work, makes him more proficient, is an incentive to post-graduate study and research, and is a great asset to his patients inside and outside the hospital. These reasons can be proved to the hilt, and are overwhelming.

Many practitioners of wide practical experience are eminently suited to serve on the staffs of even large general hospitals as assistant physicians, surgeons, gynaecologists, etc. This is clearly seen in many county hospitals staffed by the local men in general practice. As one approaches London and other large cities, the general practitioner is crushed out immediately the local hospital increases and develops (due to his energy and foresight) sufficiently to attract the consultant. For example, here in Ilford excellent work was carried on for about seventeen years by the local men, who derived great benefit through being associated with it. Now we are crushed out immediately extension and improvement are commenced. Even when the board of management definitely and unanimously and strongly recommended to the medical committee of consultants (newly formed) that general practitioners should be appointed as assistants in certain departments, that medical committee promptly turned down the recommendation, one member telling the board, in my hearing, that they would make their hospital a "laughing stock" if such appointments were made! I may say I could have retaliated much more strongly than I did. The presumption manifested was nauseating.

Again, it is said that appointing some doctors and not appointing others may cause local jealousy and make the hospital suffer. Does this occur in provincial hospitals? Jealousy one finds everywhere; but is this a sufficient answer? Should we pander to this? Should general practitioners who do not wish to give time to hospital work or qualify themselves to do it stand in the way of others who are willing and are qualified to do it? Might the one not be a great help to the other?

Therefore, apologizing for taking up so much of your valuable space on this important matter, I contend:

1. The general practitioner should have a place in the work of the hospitals of the immediate future, not only in the private but also in the public wards.

2. The general practitioner will never get his place till he ceases to acquiesce in the present disgraceful state of affairs and presses for recognition; otherwise he will develop into a clerk or a kind of "sorter," and a poor one at that.

3. The consultant has nothing to fear in this; it is altogether for his good; it would relieve him of much unremunerative work, and the friendly co-operation with the general practitioner is just what he wants and would ensure his being employed much more in private consultation. This should be obvious to the consultant, who should fight his own battles and be paid properly for his hospital services.

4. The British Medical Association's Hospital Policy is so vague with reference to the general practitioner that one must say the Association has not backed him up either centrally or in the Divisions. (See *Supplement*, April 19th: Report of Council, Appendix VII, III, and compare Appendix E (p. 159.)

5. Seeing that the whole hospital question is now to some extent in the melting-pot, I do most earnestly ask that the Association shall now make a definite recommendation that the general practitioner be given his place in the hospital work of the country. I feel sure that this would be according to the feeling of the best of the profession all over the country.—I am, etc.,

Ilford, June 16th. N. BEATTIE, M.D., F.R.C.S.ED.

FEE FOR CREMATION CERTIFICATES.

SIR,—The Cremation Society of England has issued a list of medical men whom they recommend to the various cremation authorities of Great Britain for appointment to sign Form C under the Cremation Regulations, 1920-27. It is hoped by the Cremation Society that cremation authorities will appoint the medical men whose names appear in the list, and it is understood by them that the practitioners so appointed have signified their willingness to accept as remuneration the usual fee charged for a first professional visit.

The Sussex Branch Council approached all the medical men in Sussex who had allowed their names to be put on this list. It was felt that most, if not all, had not understood the condition attaching to the inclusion of the names—namely, the acceptance of a totally inadequate fee for the performance of a very important service. The Sussex practitioners, thirty in number, both members and non-members, have without exception withdrawn their names, not, of course, from any hostility to the practice of cremation, which has the very strong approval of doctors, but simply as an indication that they are not prepared to undertake this very important duty of signing Certificate C for an inadequate fee.

The inclusion of any doctor's name in the list of the Cremation Society does not entitle that doctor to sign these certificates unless he is otherwise qualified by the statutory rules under the Cremation Act, nor does the withdrawal of his name prevent him from signing if he is entitled by the rules to do so.—I am, etc.,

Hove, June 13th. L. A. PARRY.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

Surgeon Captains P. L. Crosbie to the *Ganges*, for R.N. Sick Quarters, Shotley; G. K. Bushe, O.B.E., to the *Pembroke*, for R.N. Barracks, Chatham.

Surgeon Commanders W. A. Joliffe to the *Caledon;* H. L. Douglas to the *Dryad;* C. H. M. Gimlette to the *President*, for duty with Medical Department; W. F. Beattie to the *Calcutta*, and as Squadron Medical Officer.

Surgeon Lieutenants T. G. B. Crawford to the *Caradoc*; J. J. Mason to the *Egmont*; R. C. Webster to the *Folkestone*.

A. K. Stevenson has entered as Surgeon Lieutenant for short service, and appointed to the *Victory* for R.N. Hospital, Haslar, for course of instruction.

ROYAL NAVAL VOLUNTEER RESERVE.

Surgeon Commander A. G. L. Reade to the *Repulse*.

Surgeon Lieutenants R. B. H. Wyatt to the *Frobisher*; A. R. Thomas to the *Victory* for R.N. Barracks, Haslar.

Probationary Surgeon Sublieutenant D. M. Dean to be Surgeon Sublieutenant.

Probationary Surgeon Sublieutenant R. M. Marshall to the *Victory*, for R.N. Hospital, Haslar.

E. F. St.J. Lyburn has entered as probationary Surgeon Lieutenant, and attached to the Mersey Division, List 2.

ROYAL ARMY MEDICAL CORPS.

Lieut.-Colonel J. M. M. Crawford, O.B.E., having attained the age for compulsory retirement, is placed on retired pay.

The following Majors (temporary Lieutenant-Colonels) to be Lieutenant-Colonels: G. B. Edwards, D.S.O., vice Lieut.-Colonel E. Bennett to retired pay; J. W. L. Scott, D.S.O., vice Lieut.-Colonel J. M. M. Crawford, O.B.E., to retired pay.

The following Majors to be temporary Lieutenant-Colonels: T. C. C. Leslie, L. G. Gibson.

Major H. J. Bensted, M.C., from the seconded list, is restored to the establishment.
Captain D. W. M. Mackenzie to be Major (prov.).
Lieutenant W. T. Baker relinquishes his temporary commission.
The initials of Lieutenant E. J. Curran are as now described, and not as printed in the *London Gazette* of May 23rd, 1930.

ROYAL AIR FORCE MEDICAL SERVICE.

Squadron Leaders G. S. Marshall, O.B.E., and W. F. Wilson, M.C., to R.A.F. Depot, Uxbridge.
Flight Lieutenant W. D. McKeown relinquishes his short service commission on account of ill health.

RESERVE OF AIR FORCE OFFICERS: MEDICAL BRANCH.

Flight Lieutenants R. F. T. Grace and T. M. Walker are re-employed with the Regular Air Force for one year.

REGULAR ARMY RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Lieut.-Colonel F. P. Lauder, having attained the age limit of liability to recall, ceases to belong to the Reserve of Officers.

INDIAN MEDICAL SERVICE.

Lieut.-Colonel J. W. McCoy is permitted to retire from the service.
The services of Major L. S. Patney are placed temporarily at the disposal of the Government of Bengal for employment in the Jails Department.
Lieutenant K. Rai to be Captain.

TERRITORIAL ARMY.

ROYAL ARMY MEDICAL CORPS.

Captain E. B. Murrell resigns his commission.
Lieutenant A. H. Whyte to be Captain.

COLONIAL MEDICAL SERVICES.

Dr. P. S. Selwyn-Clarke appointed Chief Health Officer, Federated Malay States; Dr. J. D. Robertson appointed Medical Officer, Kenya; Dr. A. Montague has retired from his appointment as Chief Medical Officer, Fiji.

VACANCIES.

BATH: ROYAL UNITED HOSPITAL.—House-Physician. Salary £120 per annum.

BATH, SOMERSET, AND WILTS CENTRAL CHILDREN'S ORTHOPAEDIC HOSPITAL, Combe Park.—House-Surgeon. Salary £120 per annum.

BIRMINGHAM CITY.—Surgeon to the Selly Oak Hospital. Salary £700 per annum, rising to £1,000.

BIRMINGHAM PUBLIC HEALTH DEPARTMENT.—Temporary Assistant Medical Officer (male, unmarried) in the Tuberculosis Section. Salary £7 7s. per week.

BLACKBURN: ROYAL INFIRMARY.—Resident House-Physician (male). Salary £175 per annum.

BOLINGBROKE HOSPITAL, Wandsworth Common, S.W.11.—(1) Resident Medical Officer (chiefly surgical work). (2) House-Physician. Males. Salary £200 and £120 per annum respectively.

BRISTOL HOMOEOPATHIC HOSPITAL.—House-Surgeon. Salary £120-£150 per annum.

BRISTOL ROYAL INFIRMARY.—(1) Honorary Registrar to the Ear, Nose, and Throat Department. (2) Honorary Assistant Radiologist.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Judd Street, W.C.1.—(1) Out-patient Officer; salary £200 per annum. (2) Senior and Junior House-Surgeons; salary £120 and £100 per annum respectively.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.1.—Resident House-Surgeon (male). Remuneration £75 per annum.

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL.—(1) Casualty Officer, salary £200 per annum. (2) House-Surgeons, salary £100 to £175 per annum.

DERBYSHIRE ROYAL INFIRMARY.—Ophthalmic House-Surgeon. Salary £150 per annum.

DONCASTER ROYAL INFIRMARY.—(1) Three House-Surgeons. (2) House-Physician. Salary £150 per annum each.

DUDLEY: GUEST HOSPITAL.—(1) Honorary Gynaecologist. (2) Two Honorary Anaesthetists. (3) Assistant House-Surgeon, salary £150 per annum.

DURHAM COUNTY AND SUNDERLAND EYE INFIRMARY.—Locumtenent.

EYCLES AND PATRICROFT HOSPITAL.—Resident Medical Officer (male). Salary £175 per annum.

EGYPTIAN GOVERNMENT: EGYPTIAN UNIVERSITY.—(1) Professor of Hygiene. (2) Lecturer in Dental Surgery and Assistant Dental Surgeon in the Dental School. Salary £E.1,500 and £E.480 respectively.

EVELINA HOSPITAL FOR CHILDREN, Southwark, S.E.1.—House-Surgeon (male). Salary £120 per annum.

FARNWORTH EDUCATION COMMITTEE.—School Dentist (part-time). Salary £300 per annum.

FIFE COUNTY COUNCIL.—District Medical Officer. Salary £500 (average over ten years not less than £600 per annum).

GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION.—(1) House-Physician (male); salary £135 per annum. (2) Second House-Surgeon (male); salary £100 per annum.

GOLDEN SQUARE THROAT, NOSE, AND EAR HOSPITAL, W.1.—House-Surgeon (male). Salary £100 per annum.

HALIFAX: ROYAL HALIFAX INFIRMARY.—Third House-Surgeon (male, unmarried). Salary £125 per annum.

HARROGATE INFIRMARY.—Junior House-Surgeon (male).

HEMEL HEMPSTEAD: WEST HERTS HOSPITAL.—Junior Resident Medical Officer. Salary £100.

HERTFORD COUNTY COUNCIL.—Assistant Lady Medical Officer of Health for Maternity and Child Welfare Services. Salary £600 per annum.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.3.—Three House-Physicians. Honorarium £50 for six months.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.1.—(1) Medical Registrar and Pathologist. (2) Part-time Junior Casualty Officer. Males. Salary £300 and £150 per annum respectively.

HOUNSLOW HOSPITAL.—House-Surgeon (male). Salary £200 per annum.

HUDDERSFIELD ROYAL INFIRMARY.—House-Surgeon (male). Salary £150 per annum.

HULL ROYAL INFIRMARY.—Third House-Surgeon (male). Salary £150 per annum.

ILFORD BOROUGH: Assistant Medical Officer of Health. Salary £600 per annum, rising to £700.

INFANTS HOSPITAL, Vincent Square, S.W.1.—Anaesthetist.

JEWISH MATERNITY HOSPITAL, Underwood Street, E.1.—Clinical Assistants.

KENSINGTON ROYAL BOROUGH.—Temporary Tuberculosis Officer (male) for one month. Honorarium 35 guineas.

LANCASHIRE COUNTY COUNCIL.—Radiographer at the Biddulph Grange Orthopaedic Hospital. Salary £200 per annum.

LEEDS: HOSPITAL FOR WOMEN.—Two House-Surgeons. Salary £50 per annum.

LEICESTER ROYAL INFIRMARY.—House-Surgeon. Salary £125 per annum.

LINDSEY COUNTY COUNCIL.—Temporary Assistant County Medical Officer of Health. Salary £600 per annum.

LIVERPOOL AND DISTRICT HOSPITAL FOR DISEASES OF THE HEART.—House-Physician. Salary £52 per annum.

LONDON COUNTY COUNCIL.—(1) Senior Assistant Medical Officer at Colindale Hospital, Hendon. (2) Junior Assistant Medical Officer at Lambeth Hospital. (3) Assistant Medical Officer at Lewisham Hospital. (4) Junior Assistant Medical Officer at New End Hospital, Hampstead. (5) Second Assistant Medical Officer at St. Marylebone Hospital. (6) Assistant Medical Officer at Bethnal Green Hospital. Salary for (1) £650, for (2) and (4) £200, for (3) and (5) £300, and for (6) £400 per annum.

LONDON UNIVERSITY, S.W.—External Examiners.

MANCHESTER EDUCATION COMMITTEE.—Assistant School Medical Officer. Salary £600 per annum, rising to £750.

MANCHESTER ROYAL INFIRMARY.—Non-Resident House-Physician and House-Surgeon to the Out-patient Department. Salary £200 per annum.

MANITOBA UNIVERSITY, Winnipeg.—Assistant Professor of Anatomy. Salary 3,500 dollars.

MANSFIELD AND DISTRICT HOSPITAL.—House-Surgeon and Casualty Officer (male). Salary £150 per annum.

MERTHYR GENERAL HOSPITAL, Merthyr Tydfil.—Resident House-Surgeon. Salary £150 per annum.

MIDDLESBROUGH: NORTH RIDING INFIRMARY.—(1) Senior House-Surgeon (male). (2) Junior House-Surgeon. Salary £200 and £150 per annum respectively.

MILDMAY MISSION HOSPITAL, Austin Street, E.2.—Assistant Casualty Officer (female). Salary £100 per annum.

MINISTRY OF HEALTH.—Bacteriologist to the Government Lymph Establishment, Hendon. Salary £700 per annum, rising to £1,000, and bonus.

MINISTRY OF PENSIONS.—Resident Assistant Medical Officer at Highbury Hospital, Moseley, Birmingham. Salary £300 per annum.

MOUNT VERNON HOSPITAL, Northwood.—Gynaecologist.

NEWCASTLE-UPON-TYNE: CITY HOSPITAL FOR INFECTIOUS DISEASES.—Resident Medical Assistant (male). Salary £350 per annum.

NEWCASTLE-UPON-TYNE GENERAL HOSPITAL.—Medical Director. Salary £300 per annum.

NEWCASTLE-UPON-TYNE HOSPITAL FOR SICK CHILDREN.—Honorary Surgeon.

NEWARK GENERAL HOSPITAL.—Resident House-Surgeon (unmarried). Salary £150 per annum.

NEWPORT, MON.: ROYAL GWENT HOSPITAL.—Junior Resident Medical Officer. Salary £135.

PAPWORTH VILLAGE SETTLEMENT, near Cambridge.—House-Physician (male, unmarried). Salary £100 per annum.

PLYMOUTH CITY HOSPITAL.—Medical Superintendent. Salary £1,000 a year.

POPLAR HOSPITAL FOR ACCIDENTS, E.14.—Second Resident Officer. Salary £175 per annum.

PRINCE OF WALES'S GENERAL HOSPITAL, Tottenham, N.15.—Clinical Assistant in the Surgical Departments.

QUEEN MARY'S HOSPITAL FOR THE EAST END, Stratford, E.15.—House-Physician and Casualty Officer. Salary £150 per annum.

ROCHDALE COUNTY BOROUGH.—Assistant Resident Medical Officer (unmarried) at Birch Hill Hospital. Salary £350 per annum.

ROTHERHAM COUNTY BOROUGH.—Resident Assistant Medical Officer at the Hospital, Alma Road. Salary £150 per annum.

ROYAL CHEST HOSPITAL, City Road, E.C.1.—House-Physician. Salary £100 per annum.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1.—(1) Resident Anaesthetist to the Gynaecological and Obstetric Unit. (2) Resident Casualty Officer (male). Salary £150 per annum each.

ROYAL NORTHERN HOSPITAL, Holloway, N.7.—(1) Obstetric House-Surgeon. (2) Resident Out-patient Casualty Officer and Anaesthetist. (3) House-Surgeon. Salary £70 per annum each.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, Broad Street, W.C.2.—Refraction Assistants. Salary at the rate of £100 per annum.

ST. BARTHOLOMEW'S HOSPITAL, E.C.1.—(1) Surgeon to the Throat Department. (2) Assistant Physician.

ST. MARK'S HOSPITAL FOR CANCER, FISTULA, AND OTHER DISEASES OF THE RECTUM, City Road, E.C.1.—House-Surgeon (male). Salary £75 per annum.

SALFORD ROYAL HOSPITAL.—(1) House-Physician. (2) Casualty House-Surgeon. Salary £125 per annum each.

SALISBURY: GENERAL INFIRMARY.—(1) House-Physician. (2) Two House-Surgeons. Males, unmarried. Salary £150 per annum each.

SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—Assistant House-Surgeon (male). Salary £100 per annum.

SHEFFIELD ROYAL HOSPITAL.—Resident Anaesthetist (male). Salary £80 per annum, rising to £100 after six months.

SHEFFIELD: ROYAL INFIRMARY.—(1) House-Surgeon. (2) Ophthalmic House-Surgeon. (3) Assistant Aural and Ophthalmic House-Surgeon. Salary £80 per annum each, rising to £100 after six months.

SHREWSBURY: ROYAL SALOP INFIRMARY.—Resident Surgical Officer. Salary £200 per annum.

SOUTHAMPTON: FREE EYE HOSPITAL.—House-Surgeon. Salary £150 per annum.

SOUTH-EASTERN HOSPITAL FOR CHILDREN, Sydenham, S.E.26.—Two Resident Medical Officers. Honorarium £100 and £75 per annum respectively.

STOCKTON AND THORNABY HOSPITAL.—Junior Resident Medical Officer (male, unmarried). Salary £150 per annum.

STROUD GENERAL HOSPITAL.—House-Surgeon. Salary £150 per annum.

SUNDERLAND ROYAL INFIRMARY.—House-Surgeon (male). Salary £140 per annum.

TAUNTON AND SOMERSET HOSPITAL.—Junior House-Surgeon (male). Salary £100 per annum.

TORBAY HOSPITAL, Torquay.—House-Physician (unmarried). Salary £175 per annum.

TRURO: ROYAL CORNWALL INFIRMARY.—House-Surgeon (male). Salary £170 per annum.

VICTORIA HOSPITAL FOR CHILDREN, Tite Street, S.W.3.—(1) House-Physician. (2) House-Surgeon. Salary £100 per annum each.

WALSALL GENERAL HOSPITAL.—Casualty House-Surgeon. Salary £120 per annum.

WARRINGTON COUNTY BOROUGH.—Second Resident Medical Officer (male) at Whitecross Hospital. Salary £225 per annum.

WARRINGTON INFIRMARY AND DISPENSARY.—Anaesthetist. Honorarium £150.

WARWICKSHIRE COUNTY COUNCIL.—Assistant Medical Officer of Health. Salary £500 per annum, rising to £700.

WEST LONDON HOSPITAL, Hammersmith, W.6.—(1) Two Clinical Assistants in the Children's Medical Out-patient Department. (2) Resident Assistant Physician, salary £300 per annum, *plus* £25 for services in connexion with V.D. Department.

WIGAN: ROYAL INFIRMARY.—(1) Resident Medical and Surgical Officer and Registrar. (2) Two House-Surgeons. Salary for (1) £250, and for (2) £150 per annum.

WILLESDEN GENERAL HOSPITAL, N.W.10.—Resident House-Surgeon (unmarried). Salary £110 per annum.

WINCHESTER: ROYAL HAMPSHIRE COUNTY HOSPITAL.—House-Physician. Salary £150 per annum.

WOLVERHAMPTON: ROYAL HOSPITAL.—Casualty Officer and House-Surgeon (male, unmarried) to the Ear, Throat, and Nose Department. Salary £125 per annum.

WORCESTER GENERAL INFIRMARY.—Junior Resident Medical Officer. Salary £120 per annum.

WREXHAM AND EAST DENBIGHSHIRE WAR MEMORIAL HOSPITAL.—Two Resident House-Surgeons. Salary £150 per annum each.

YORK: COUNTY HOSPITAL.—Resident Anaesthetist. Salary £150 per annum.

CERTIFYING FACTORY SURGEON.—The appointment at St. Blazey (Cornwall) is vacant. Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1.

MEDICAL REFEREE UNDER THE WORKMEN'S COMPENSATION ACT for Kilmarnock District (Sheriffdom of Ayr). Applications to the Private Secretary, Scottish Office, Whitehall, S.W.1, by July 12th.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.

APPOINTMENTS.

BARTON, Dorothy, M.B., Ch.B., Honorary Assistant Ophthalmic Surgeon, Liverpool Stanley Hospital.

EDINBURGH HOSPITAL FOR WOMEN AND CHILDREN.—*House-Physician:* Miss Florence Ram, B.Ch.Camb., L.R.C.P., M.R.C.S. *Senior House-Surgeon:* Miss Sophie Sash, M.B., Ch.B.Ed.

ELSIE INGLIS MEMORIAL MATERNITY HOSPITAL, Edinburgh.—*House-Surgeons:* Miss I. May O. Allan, M.B., Ch.B.Aberd., Miss Margaret I. McKinlay, M.B., Ch.B.Edin.

QUEEN CHARLOTTE'S MATERNITY HOSPITAL, Marylebone Road, N.W.1.—*Senior Resident Medical Officer,* J. D. Flew, M.R.C.S., L.R.C.P. *Assistant Resident Medical Officer,* J. Hatrick, M.B., B.S.

CERTIFYING FACTORY SURGEONS.—W. P. Ker, M.R.C.S., L.R.C.P., for the Halstead District, Essex; J. D. R. Murray, M.B., B.Chir.Camb., F.R.C.S., for the Exmouth District, Devon.

POST-GRADUATE COURSES AND LECTURES.

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION.—Special M.R.C.P. Lectures: At *Medical Society of London,* 11, Chandos Street, W.1, Tues., 8.30 p.m.: Diseases of the Nervous System (III); fee 10s. 6d., payable at lecture room. At 10, Bedford Square, W.C.1: Fri., 8.30 p.m., The Diagnosis and Treatment of Certain Bacterial Infections, illustrated by epidiascope, followed by a laboratory demonstration; fee payable at lecture. *Royal Ear Hospital,* Huntley Street, W.C.1: Demonstration in Out-patient Department, Tues., 9 a.m.; no fee. *Hospital for Epilepsy and Paralysis,* Maida Vale, W.9; Demonstration in Out-patient Department, Tues., 2 p.m.; no fee. *St. Mark's Hospital,* City Road, E.C.: Special Course in Proctology, all day for one week; fee £3 3s. *Baby Week Course,* consisting of demonstrations at various hospitals; fee 10s. Copies of all syllabuses are obtainable from the Fellowship of Medicine, 1, Wimpole Street, W.1.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—Mon., 2.30 to 5 p.m., Medical, Surgical, and Gynaecological Clinics, Operations. Tues., 2.30 to 5 p.m., Medical, Surgical, Ear, Nose, and Throat Clinics, Operations. Wed., 2.30 to 5 p.m., Medical, Skin, and Eye Clinics, Operations. Thurs., 11.30 a.m., Dental Clinic. 2.30 to 5 p.m., Medical, Surgical, Nose, Throat, and Ear Clinics; Operations. Fri., 10.30 a.m., Ear, Nose, and Throat Clinics; 2.30 to 5 p.m., Medical, Surgical, and Children's Diseases Clinics, Operations.

ST. PAUL'S HOSPITAL FOR GENITO-URINARY DISEASES, Endell Street, W.C.2.—Wed., 4.30 p.m., Stricture of the Urethra. Tea at 4 p.m.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: Mon. and Thurs., 10.30 a.m. Maternity Hospital: Mon., Tues., Wed., Thurs., and Fri., 11.30 a.m.

British Medical Association.

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE, TAVISTOCK SQUARE, W.C.1.

Departments.

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westcent, London).

MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London).

EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitiology Westcent, London).

Telephone numbers of British Medical Association and British Medical Journal, Museum 9851, 9852, 9863, and 9864 (internal exchange, four lines).

SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)

IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association.

JUNE.

27 Fri. London: Science Committee, 2.30 p.m.

JULY.

1 Tues. City Division: Metropolitan Hospital, Kingsland Road, E. 9.30 p.m. Dr. H. C. Lucey will discuss Pathological Specimens.

2 Wed. Dorset and West Hants Branch: Town Hall, Yeovil, 3 p.m. Papers. Luncheon at Maynard's Restaurant, 1.30 p.m.

Kent Branch: Wellcome Physiological Research Laboratories, Langley Court, Beckenham. Luncheon, 1 p.m. President's Address, 2.15 p.m.

Mid-Cheshire Division: Board Room, Altrincham General Hospital, 8.15 p.m.

Oxford Division: Radcliffe Infirmary, Oxford, 2.30 p.m. Mr. G. R. Girdlestone will open a discussion on the Treatment of Common Injuries.

Southampton Division: Royal South Hants and Southampton Hospital, 8.45 p.m. General Meeting.

3 Thurs. Buxton Division: Devonshire Hospital, 8.15 p.m. Clinical Meeting.

Sheffield Division: Royal Victoria Hotel, Sheffield, 1.15 p.m. Luncheon to welcome Successful Students at Final M.B. Examination.

South-West Wales Division: Ivy Bush Hotel, Carmarthen, 3 p.m. Dr. Abraham Thomas on Cases and Incidents in my Early Professional Career.

5 Sat. Southern Branch: Osborne House, East Cowes, Isle of Wight, 3 p.m. Luncheon 1.30 p.m. Lecture by Mr. E. Rock Carling on Radium and Cancer.

8 Tues. St. Pancras Division: B.M.A. House, Tavistock Square, W.C.1, 9 p.m. Paper by Mr. A. E. Webb-Johnson.

9 Wed. North Lancashire and South Westmorland Branch: Ethel Hedley Hospital, Calgarth, Windermere, 3.15 p.m. Dr. C. M. Craig on Puerperal Sepsis. Tea.

Surrey Branch: Municipal Buildings, Reigate, 2 p.m. Annual Meeting. Luncheon at White Hart Hotel, Reigate, 1 p.m. Annual Dinner, 6.30 p.m.

10 Thurs. Hampstead Division: Hampstead General Hospital, 8.30 p.m. Discussion on Supplementary Report of Council.

11 Fri. North Wales Branch: Anglesey Arms Hotel, Menai Bridge Summer Meeting.

West Somerset Branch: Deller's Café, Taunton, 2.15 p.m. Dr. W. G. Parker on Small-pox. Luncheon, 1.15 p.m.

21 Mon. **Council,** 9 a.m.

22 Tues. **Council.**

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcement of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTH.

MACGREGOR.—On June 17th, 1930, at 22, King Street, Hereford, to Dr. and Mrs. Ian W. MacGregor, a son.

DEATHS.

KEMP.—On June 15th, James Kemp, M.B., aged 59, the dearly loved husband of May Kemp, Carbrook, Sheffield.

TYLOR.—On June 15th, 1930, at the Torbay Hospital, Torquay, after a brief illness, Laura Anna Gray Tylor, beloved wife of Max Tylor, M.B.Oxon., of Dartmouth, Devon.

VICKERY.—On June 18th, 1930, at his residence, Ballywilliam, Kinsale, co. Cork, George Vickery, M.D., M.Ch., son of the late Samuel Vickery of Skibbereen, in his 85th year.

Printed and published by the British Medical Association, at their Office, Tavistock Square, in the Parish of St. Pancras, in the County of London.